

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT****FORM SPAC  
COVER SHEET PG 1**

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 COMMITTEE NAME BEXAR SAFE WATER (POW) COMMITTEE				<b>OFFICE USE ONLY</b>  Date Received   Receipt #  HD / PM Amount  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 6949 San Antonio, TX 78209			
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI HANS R.F. NICKNAME LAST SUFFIX HELLAND			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8700 Crownhill Blvd., S-502 San Antonio, TX 78209			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Same as Above <input type="checkbox"/> Change of Address (from Form STA)		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 6949 San Antonio, TX 78209		2003 JUL 15 AM 10:22 RECEIVED CITY OF SAN ANTONIO CITY CLERK	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 828 2625			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach SPAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year 1 / 16 / 03 THROUGH 7 / 15 / 03			
11 ELECTION		ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE  
NAME

BEXAR SAFE WATER COM. (POW)

13 ACCOUNT #  
(Ethics Commission filers)14 NO REPORTABLE  
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,145.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

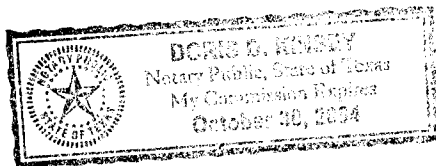
\$ 260.00

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ —

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of campaign treasurer

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AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hans R. F. Helland, this the 14th day of July, ~~XX~~ 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Doris D. Kinsey

Print name of officer administering oath

Notary Public, State of Texas

Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME BEXAR SAFE WATER COM. (POW)				3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/26/03	5 Full name of contributor Ltc. Warren Harvey <input type="checkbox"/> out of state PAC		7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 203 Grantham Dr. San Antonio, TX 78218					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 5/28/03	Full name of contributor James M. Glennon <input type="checkbox"/> out of state PAC		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6919 Palm Bay Dr. San Antonio, TX 78218					
Principal occupation (Optional)			Employer (Optional)		
Date 6/11/03	Full name of contributor Homeowner - Taxpayer Association <input type="checkbox"/> out of state PAC		Amount of contribution (\$) 280.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6323 Sovereign, S-187B San Antonio, TX 78229					
Principal occupation (Optional)			Employer (Optional)		
Date 6/12/03	Full name of contributor William H. Boettner <input type="checkbox"/> out of state PAC		Amount of contribution (\$) 15.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 318 Cable Dr. San Antonio, TX 78227					
Principal occupation (Optional)			Employer (Optional)		
Date 6/10/03	Full name of contributor Issa Mary B. Gonzalez <input type="checkbox"/> out of state PAC		Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1803 Benrus San Antonio, TX 78228					
Principal occupation (Optional)			Employer (Optional)		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>BEXAR SAFE WATER COM. (Paw)</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/24/03</i>	5 Full name of contributor <i>Robert Wheaton</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>16015 White Fawn San Antonio, TX. 78255</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>5/26/03</i>	Full name of contributor <i>Nikki Kuhns</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 34012 San Antonio, TX 78265</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/27/03</i>	Full name of contributor <i>Mary Hicks</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>315 Ware San Antonio, TX. 78221</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/28/03</i>	Full name of contributor <i>Mary Hicks</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>315 Ware San Antonio, TX 78221</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/25/03</i>	Full name of contributor <i>Charles H. Noble, JR.</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>401 E. Wildwood San Antonio, TX. 78212</i>			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:	
<b>2</b> FILER NAME <i>BEAR SAFE WATER COM. (POW)</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date <i>6/11/03</i>	<b>5</b> Payee name <i>Laser Printers</i>	<b>7</b> Amount (\$) <i>260.00</i>	
<b>6</b> Payee address; City; State; Zip Code		<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>	
<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>	
Payee address; City; State; Zip Code		<div style="border: 1px solid black; padding: 2px; transform: rotate(-90deg); transform-origin: right top;"> RECEIVED CITY OF SAN ANTONIO CITY CLERK JUL 15 AM 10:32 </div>	
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	

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